

INFORMATION NEEDED TO APPLY FOR VETERANS AID & ATTENDANCE
(PLEASE COMPLETE ALL PERTINENT INFORMATION)

SECTION I: INFORMATION ON THE VETERAN			
NAME		SSN or VA CLAIM#	
DATE OF BIRTH		PLACE OF BIRTH	
DATE OF DEATH		PLACE OF DEATH	
DOES THE VETERAN OR WIDOW CURRENTLY RECEIVE MONEY FROM THE VA? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CURRENT MARRIAGE INFORMATION			
NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		# TIMES VET MARRIED	# TIMES SPOUSE MARRIED
DATE OF MARRIAGE		PLACE OF MARRIAGE	
If either the Veteran or Spouse has been married more than once, please complete the information on page 3.			
SECTION II: INFORMATION FOR SPOUSE/WIDOW			
FULL MAIDEN NAME (First and Last)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
DOES SPOUSE LIVE WITH VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, WHY SEPARATED	
DOES CURRENT SPOUSE REQUIRE ASSISTANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SPOUSE REQUIRES ASSISTANCE PLEASE PROVIDE A PHYSICIANS REPORT FOR SPOUSE	
SECTION III: WHO TO CONTACT FOR INFORMATION AND MAIL			
NAME		PHONE	RELATIONSHIP
ADDRESS		CITY/ZIP	
EMAIL ADDRESS:			
SECTION IV: MILITARY INFORMATION			
DATE OF ENTRY		DATE OF SEPARATION	
ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MERCHANT <input type="checkbox"/> OTHER <input type="checkbox"/>			
SERIAL NUMBER	IS ORIGINAL OR CERTIFIED COPY OF DISCHARGE AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SECTION V: ASSISTED LIVING/RESIDENTIAL CARE/SKILLED NURSING INFORMATION			
FACILITY NAME		ADDRESS	
PHONE	DATE MOVED IN	AMOUNT PAID MONTHLY \$	
INDEPENDENT LIVING <input type="checkbox"/>		ASSISTED LIVING <input type="checkbox"/>	RESIDENTIAL CARE <input type="checkbox"/> BOARD & CARE <input type="checkbox"/> SKILLED <input type="checkbox"/>
SECTION VI: HOME CARE INFORMATION			
NAME OF PROVIDER		PHONE NUMBER	
AMOUNT PAID MONTHLY \$			

THIS IS NOT A GUESSING GAME, PLEASE PROVIDE EXACT AMOUNTS ON THE DAY THAT YOU COMPLETE THIS FORM

GROSS MONTHLY INCOME (Before Deductions)

	SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY (Before Medicare Deduction)		\$	\$
PENSION		\$	\$
PENSION		\$	\$
CIVIL SERVICE RETIREMENT		\$	\$
VA/MILITARY RET		\$	\$
INTEREST/DIVIDENDS		\$	\$
RENTAL INCOME		\$	\$
OTHER		\$	\$

MEDICAL EXPENSES

MEDICARE (Normally \$96.40)		\$	\$
HEALTH INSURANCE		\$	\$
HEALTH INSURANCE		\$	\$
DENTAL/VISION INSURANCE		\$	\$

ASSETS

	VETERAN	SPOUSE
CHECKING	\$	\$
SAVINGS/CD'S	\$	\$
STOCKS/BONDS/MUTUAL FUNDS	\$	\$
IRA'S/ANNUITY	\$	\$
RENTAL PROPERTY	\$	\$
OTHER ASSETS	\$	\$

In order to complete the claim we will need the appropriate documents indicated below.

DOCUMENTATION REQUIRED

DOCUMENT	VETERAN CLAIM	WIDOW CLAIM
MILITARY DISCHARGE/DD 214	YES	YES
MARRIAGE CERTIFICATE	NO	YES
VETERANS DEATH CERTIFICATE	NO	YES
*CARE EXPENSE STATEMENT	YES	YES
PHYSICIANS REPORT	YES	YES

* If residing in Assisted Living Facility or receiving In Home Care

PRIOR MARRIAGE INFORMATION FOR VETERAN			
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	

I do not know the information regarding my husband's previous marriages. However, I know of no legal impediment to my marriage. ☐

PRIOR MARRIAGE INFORMATION FOR SPOUSE/WIDOW			
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME		WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	